

7-27-11

Dear Sir or madam.

I Just talked to Mike
at Johnson city office.

I misread your Letter and
got date wrong I thought I had
until 7-31-11 and it is 7-21-11

Mike told me to just Attach this
note and send on in I am very
Sorry but with this weather and
cleaning out House's and Putting
Birds in I just misread letter
I will have every thing in by the
Deadline 10-1-11.

you can reach me at
423-235-4956 or
WB machine 1@Hot mail .com.

Thank you
Wm. A. Fort



Tennessee Department of Environment and Conservation,
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP)
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☒ New Permit ☐ Permit Reissuance ☒ Permit Modification

If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: **TN A000179**
TN A000179

OPERATION IDENTIFICATION

Operation Name: Chuckey Forks Farm LLC		County: Greene
Operation Location/ Physical Address: 228 maloney way Midway, TN. 37809		Latitude: Longitude:
Name and distance to nearest receiving water(s): L: Hle Chuckey Creek 300 yds		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: 114,000	Number of Barns: 4	Name of Integrator: Koch Foods LLC
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): William A. Partin		Title or Position: Owner operator		<input checked="" type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Mailing Address: 228 maloney way		City: Midway	State: Zip: TN 37809	
Phone number(s): 423-235-4956 - 423-235-6030		E-mail: WBmachine1@hotmail.com		<input checked="" type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Optional Contact: Ellen S. Partin		Title or Position: Owner		
Address: 228 maloney way		City: Midway	State: Zip: TN 37809	
Phone number(s): 423-235-4956 - 423-235-6030		E-mail: WBmachine1@hotmail.com		

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type William A. Partin owner operator	Signature Wm. A. Partin	Date 7-15-11
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STATE USE ONLY

Received Date RECEIVED AUG 6 2011	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
Impaired Receiving Stream		High Quality Water		NOC Date